COMPLIANCE AGENT DESIGNATION AND ACCEPTANCE FORM

Form Code: PSS_CD v.1.0

Application fee - None

COMMONWEALTH OF VIRGINIA

Department of Criminal Justice Services
Private Security Services Section
P.O. Box 10110, Richmond, VA 23240-9998
Phone #: (804) 786-4700; Fax #: (804) 786-6344

Website: www.dcjs.virginia.gov/privatesecurity
Status Hotline: (804) 786-1132 or 1-877-9STATUS

1. L	egal Entity Name				
2. Tı	rade or Fictitious	Name:			
3. D	OCJS ID# Federal Employer ID Number:				
4. M	Iailing Address: _	Number and Street	City/Town	State	Zip
		Number and Street		State	Zip
		SS:			
7. Pl	Please List Designated Compliance Agent:				
La	Last Completed CA Training				
	Compliance Agent S	ignature (Required)	Date: _	mm/c	ld/yy
		be the primary complianc			
ny kr falsifi charg 9.1-13	nowledge and I hat ication or omission ses. I understand to 38 through 9.1-15	ive not omitted any pertine n of pertinent information that I am responsible for m 0 and the Regulations Rela	ntained on this application is ent information. I understand may be cause for denial and taintaining full compliance wated to Private Security Service. Print Name	I that any r may result with Virginitices 6 VAC	misrepresentations in criminal in Code Section C 20-171
			D	ate:	
				mm/	dd/yy

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